

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |  |                   |  |   |   |
|--|--|-------------------|--|---|---|
| <b>NAME OF FILER</b><br>COMMUNITY COLLEGE FACILITY COALITION ISSUES COMMITTEE, YES ON 51 |  |                   | <b>Date of This Filing</b> _____ 10/04/2016                                      | Date Stamp<br><br><br><br><br><br><br>Page 1 of 3 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(415)389-6800  | I.D. NUMBER (if applicable)<br>1220380 |                   | <b>Report No.</b> _____ LCR #853   |   |   |
| STREET ADDRESS   |  |                   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| CITY<br>SAN RAFAEL   | STATE<br>CA                            | ZIP CODE<br>94901 | <b>No. of Pages</b> _____ 3  |   |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 10/03/2016    | CLIMATEC LLC<br>Phoenix, AZ 85053  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$2,000.00      |
| 10/03/2016    | COAST COMMUNITY COLLEGE DISTRICT FOUNDATION<br>Costa Mesa, CA 92626                              | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$38,087.21     |
| 10/03/2016    | SANTA ROSA JUNIOR COLLEGE FOUNDATION<br>Santa Rosa, CA 95401                                     | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$10,000.00     |

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other

PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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| <b>AREA CODE/PHONE NUMBER</b><br>(415)389-6800   | <b>I.D. NUMBER</b> (if applicable)<br>1220380 | <b>Report No.</b> <u>LCR #853</u>   |  |   |  |
| <b>STREET ADDRESS</b>  |   | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br><small>(explain below)</small> |  |   |  |
| <b>CITY</b><br>SAN RAFAEL  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>94901  |  |   |  |
|  |   |   | <b>No. of Pages</b> <u>3</u>                 |   |  |

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|---------------|--|---|---|-----------------|
| 10/03/2016    | TILDEN-COIL CONSTRUCTORS<br>Riverside, CA 92501  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$1,000.00      |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

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|---|-----------------------------------|
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| OTH - Other                                       |                                   |

Reason for Amendment:

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| <b>CITY</b><br>SAN RAFAEL  | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>94901 | <b>No. of Pages</b> <u>3</u>   |   |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |

Reason for Amendment: